

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAR 14 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748071 (8)

1. Corporation Name

PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.

800001430878

-03/16/95--01003--019

***130.00 ***130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/12/1979

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2204199

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

7300 WAYNE AVENUE
MIAMI BCH FL 33141

7300 WAYNE AVENUE
MIAMI BCH FL 33141

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPOPORT, ALLEN J
3999 PONCE DE LEON BLVD
STE - 1110
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME RAPOPORT, NORTON A
STREET ADDRESS 7300 WAYNE AVE / STE - 505
CITY-ST-ZIP MIAMI BCH, FL 33141

TITLE PD
NAME RAPOPORT, NORTON A
STREET ADDRESS 7300 WAYNE AVE / STE - 505
CITY-ST-ZIP MIAMI FL

TITLE TV
NAME GIULIANTI, ELAINE
STREET ADDRESS 7300 WAYNE AVE #212
CITY-ST-ZIP MIAMI BCH, FL 33141

TITLE PD
NAME GAFCOVICH, DEBRA
STREET ADDRESS 7300 WAYNE AVE #313
CITY-ST-ZIP MIAMI BCH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME FANIELIAS
1.3 STREET ADDRESS 7300 WAYNE AVE 208
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

2.1 TITLE TS ☒ Change ☐ Addition
2.2 NAME NORTON A. RAPOPORT
2.3 STREET ADDRESS 7300 WAYNE AVE 505
2.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME CLAUDIA ESTRADA
3.3 STREET ADDRESS 7300 WAYNE AVE 317
3.4 CITY-ST-ZIP MIAMI BEACH, FL 33141

4.1 TITLE X ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norton A. Rapoport
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORTON A. RAPOPORT 2/27/95 305 861 9883
(Title) (Daytime Telephone)